

FILE NUMBER	For use of this form, see AR 27--20: the proponent agency is the Office of The Judge Advocate General.	DATE
DATE OF INCIDENT	PLACE OF INCIDENT	
<p>I hereby agree to accept the sum of \$_____ in full satisfaction and final settlement of all claims which I have or may have against the United States, its officers, agents, and employees, for all damages and injuries, if any, incurred by me as the result of the incident referred to above.</p>		
TYPED OR PRINTED NAME OF CLAIMANT	SIGNATURE OF CLAIMANT	
PRESENT ADDRESS OF CLAIMANT <i>(Number and street or rural route, city, town or post office, county, state and zip code)</i>		

DA FORM 1666, 1 JUL 1974

PREVIOUS EDITION OF THIS FORM
WILL BE USED UNTIL EXHAUSTED.

CLAIMS SETTLEMENT AGREEMENT

APD LC v1.00

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